

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		/				
2		1					52		/				
3		1					53		/				
4		1					54		/				
5		1					55		/				
6		1					56		/				
7		1					57		/				
8		1					58	1					
9		1					59	1					
10		1					60		/				
11		1					61		/				
12		1					62		/				
13		1					63		/				
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
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31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	8	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	58	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	67					